Utah Basic Napis/Nutrition Intake

	Type/Reason Assessme					
Last Name: First:			M.I.			
Gender: □Male □Female	Phone Number: DOB				DOB:	
Street Address: Email:						
City:		State:	ZIP:			
Current Living Arrangement: ☐ Information Unavailable, ☐ \text{Length at current residence}	•	· ·	se & child	d ,⊡Child/Ch	ildren	
Race	Ethnicity	Mc	nthly Inc	ome of:		
☐ African American	Hispanic or Latino	Individual		iple		
☐ American	Not Hispanic or Latino	\$	\$			
Indian/Native Alaskan	·	Ψ				
☐ Asian/Pacific Islander	Unknown					
(inc. Hawaiian)				i		
☐ Hispanic Origin			Persons			
☐ Non-Minority (White			mily/hou			
Non-Hispanic)			1 🗆	5 🗆		
Other			2 🗆	6 🗆		
☐ Unavailable			3 🗆	7 🗆		
□ Onavaliable		<u> </u>	4 🗆	8 🗆		
	Nutrition Risk Score	-Section 1				
				YES	NO	
1.1 Do you have an illness or co	ondition that made you ch	ange the kind and	or amoui	nt □2	□0	
1.2 Do you eat fewer than two r	neals per day?			□3	□0	
				3		
1.3 Do you eat fewer than five () of fruits or vegeta	ables eve		□0	
day?	5) servings (1/2 cup each				□0	
	5) servings (1/2 cup each				□0 □0	
day? 1.4 Do you eat fewer than two s	5) servings (1/2 cup each			ry □1		
day? 1.4 Do you eat fewer than two s cheese) every day?	5) servings (1/2 cup each ervings of dairy products to buy food?	(such as milk, yog		ry □1	□0	
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Utah Nutrition Status Sheet-Section 2								
				Fair	Р	Poor		
2.1 At the present time please rate your emotional health				□1	□1 □2			
2.2 At the present time please rate your physical health				□1	□2			
2.3 Has your nutrition suffered due to unforeseen health care costs?					□ 0			
2.4 Not including the Home Delivered Meal or Senior Center Meal where do you get your meals:								
Cook for yourself \square 0 $$ Family or friends $$ \square 0 $$ Easy meals with the microwave $$ \square 0								
Eat at restaurants □ 1 Save food from other meals □ 1 Foodbank – Senior Meal Boxes □ 1								
Eat less \square 2 Skip meals \square 2 Pre-packaged food (e.g. high sodium, high fat) \square 2								
2.5 Without the Home Delivered Meal or Senior Center Meal would you eat? About the same amount of food □ 0								
2.6 As a result of Home Delivered Meal or Senior Center Meal Program					N/A	No		
a. I am able to eat a healthier variety of food				□ 0	□ 0	□ 1		
b. I am able to follow the special diet that is periodic dietitian	orescribed by	my doctor or		□ 0	□ 0	□ 1		
c. I eat less salt				□ 0	□ 0	□ 1		
d. I eat less high fat foods				□ 0	□ 0	□ 1		
e. I can achieve or maintain a healthy weigh	t			□ 0	□ 0	□ 1		
f. I feel better				□ 0	□ 0	□ 1		
g. I feel less hungry throughout the day				□ 0	□ 0	□ 1		
h. I can continue to live in my own home				□ 0	□ 0	□ 1		
i. At the present time I know what to eat for	•			□ 0 Yes:	□ 0	□ 1		
2.7 Do you have the resources to continue living in your home because of this meal program					NA: □ 0	No: □1		
2.8 At the present time how many days each wee	k do you rece	eive home		0-2: 🗆	1 3+	-: □0		
delivered or congregate meals?								
delivered or congregate meals?								
		k Score Section	on 2					
Activity L	evels (IADL's		on 2					
Activity L 4.1 During the past 7 days How would you rate	evels (IADL's Self		Re	quires		Have		
Activity L	evels (IADL's Self Sufficient	Supervised	Re	istance	He	elp		
Activity L 4.1 During the past 7 days How would you rate your ability to perform the following	evels (IADL's Self Sufficient □0	Supervised	Re	istance □2	He	elp 3		
Activity L 4.1 During the past 7 days How would you rate your ability to perform the following 4.2 Manage medications?	evels (IADL's Self Sufficient □0 □0	Supervised □1 □1	Re Ass	istance □2 □2	H	elp]3]3		
Activity L 4.1 During the past 7 days How would you rate your ability to perform the following 4.2 Manage medications? 4.3 Manage money?	Self Sufficient 0 0 0	Supervised □1 □1 □1	Re Ass	istance □2 □2 □2	H(elp]3]3]3		
Activity L 4.1 During the past 7 days How would you rate your ability to perform the following 4.2 Manage medications? 4.3 Manage money? 4.4 Heavy housework?	evels (IADL's Self Sufficient □0 □0	Supervised □1 □1	Re Ass	istance □2 □2	H(elp 3 3		
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Activity L 4.1 During the past 7 days How would you rate your ability to perform the following 4.2 Manage medications? 4.3 Manage money? 4.4 Heavy housework?	Self Sufficient 0 0 0 0 0	Supervised □1 □1 □1 □1 □1 □1 □1	Re	istance □ 2 □ 2 □ 2 □ 2 □ 2 □ 2		elp]3]3]3		
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